



VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM **CONTINUING EDUCATION EXTENSION REQUEST**

Please Print or Type all Information Read **INSTRUCTIONS** before completing

NOTE: Use this form to request an extension. Complete the extension request below and submit it with explanation documents, the CAsp Certification Renewal Application, Continuing Education Course Verification, and appropriate renewal fees.

Name - **PRINT AS IT APPEARS ON YOUR CERTIFICATE**

Mailing Address – Street address or PO Box (**Do not leave blank**)

(City) (County) (State) (Zip Code)

(Home Phone) (Work Phone) (Cell Phone) (Fax)

Email

Business/Organization Name/ Employer

Title

YOUR CAsp CERTIFICATION IDENTIFICATION NUMBER:

EXTENSION REQUEST

EXPLANATION

(CONTINUE ON PAGE 2, and ATTACH ADDITIONAL SHEETS IF NECESSARY)

CERTIFICATION

I certify under penalty of perjury that the above information and attached documentation is true and correct. I will furnish to the Department of General Services, Division of the State Architect evidence of the information and attached documentation upon request.

APPLICANT SIGNATURE

DATE SIGNED

FOR DSA OFFICE USE ONLY

☐ Extension Granted ☐ Extension Denied
Equivalency Petition ☐ Accepted ☐ Denied
Renewal Fee Paid ☐ Yes ☐ No
Initial: _____

RENEWAL STATUS

☐ ON TIME ☐ LATE

DSA Received Date: _____



Please Print or Type all Information **ALL FIELDS MUST BE FILLED IN PER [INSTRUCTIONS](#)**

Name AS IT APPEARS ON YOUR CERTIFICATE: _____

YOUR CASp CERTIFICATION IDENTIFICATION NUMBER: _____

EXTENSION REQUEST

EXPLANATION CONTINUED FROM PAGE 1